

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43567**
Registrar's No. **58**

Registration District No. **701**

Primary Registration District No. **5926**

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days **2**

3. (a) PRINT FULL NAME **FENNIE EBBERT PAYNE**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married divorced **married**
6. (b) Name of husband or wife **Cloe** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **Jan 27 1889**
(Month) (Day) (Year)

8. AGE: Years **51** Months **11** Days **7** If less than one day hr. min.

9. Birthplace **Polk Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Elbert W Payne** !
13. Birthplace **Buffalo Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Land Armstrong**
15. Birthplace **Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Elta Renfrow**

(b) Address **Bolivar Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 31 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Hutchinson & Co.**

(b) Address **Bolivar Mo.**

19. (a) **Dec 31** (Date received local registrar) (b) **J. F. Roberts** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **29th** year **1940** hour **5** minute **45** A. M.

21. I hereby certify that I attended the deceased from **not** attended, 19 to 19; that I last saw him alive on **7 a m** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration

Due to

Due to **1940**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **630**
(Specify type of place) While at work (e) Means of injury

23. Signature **Carl Pitts** Coroner (M. D. or other)
Address **Bolivar Mo.** Date signed

RECEIVED

District Health Officer No. 7,

District File Number 1-41-154

Date Filed 1-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.